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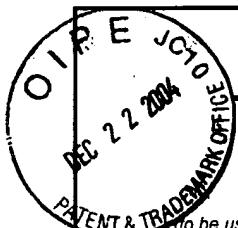
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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/602,365	
		Filing Date	June 23, 2003	
		First Named Inventor	SOPP, JOHN P.	
		Group Art Unit	2877	
		Examiner Name	STAFIRA, MICHAEL PATRICK	
Total Number of Pages in This Submission	8	Attorney Docket Number	LIFE-090CON3	
<b>ENCLOSURES</b> (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Postcard
<input type="text" value="Remarks"/>				

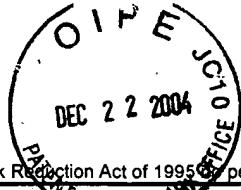
### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Signing Attorney/Agent (Reg. No.)	CAROL M. LASALLE, 39.740 BOZIC EVIC, FIELD & FRANCIS, LLP
Signature	
Date	December 21, 2004

### EXPRESS MAIL LABEL NO. EV519869168US

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effectiveness Date: 08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)****130.00****Complete if Known**

Application Number	<b>10/602,365</b>
Filing Date	<b>June 23, 2003</b>
First Named Inventor	<b>SOPP, JOHN P.</b>
Examiner Name	<b>STAFIRA, MICHAEL PATRICK</b>
Art Unit	<b>2877</b>
Attorney Docket No.	<b>LIFE-090CON3</b>

**METHOD OF PAYMENT** (check all that apply)
 Check    Credit Card    Money Order    None    Other (please identify): \_\_\_\_\_

 Deposit Account   Deposit Account Number: **50-0815**   Deposit Account Name: **Bozicevic, Field and Francis LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below

 Charge fee(s) indicated below, except for the filing fee

 Charge any additional fee(s) or underpayments of fee(s)    Credit any overpayments under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

<u>Small Entity</u>	<u>Fee (\$)</u>
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50      25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

<u>Small Entity</u>	<u>Fee (\$)</u>
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200      100

Multiple dependent claims

<u>Small Entity</u>	<u>Fee (\$)</u>
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360      180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
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- 20 or HP =	x	=	
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HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 3 or HP =	x	=	
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HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 100 =	/ 50 =	(round up to a whole number)	x	=
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**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

\_\_\_\_\_

Other: Terminal Disclaimer 37 CFR § 1.20(d) \_\_\_\_\_**130.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) <b>39,740</b>	Telephone <b>(650) 327-3400</b>
Name (Print/Type)	<b>Carol M. LaSalle</b>		Date <b>12/21/2004</b>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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EXPRESS MAIL LABEL NO. **EV519869168US**

DATE: December 21, 2004

**AMENDMENT UNDER  
37 C.F.R. §1.111**

Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

	Attorney Docket No.	LIFE-090CON3
	Confirmation No.	1147
	First Named Inventor	SOPP, JOHN P.
	Application Number	10/602,365
	Filing Date	June 23, 2003
	Group Art Unit	2877
	Examiner Name	STAFIRA, MICHAEL PATRICK
	Title:	"BODY FLUID SAMPLER"

Sir:

This paper is responsive to the Office Action dated October 1, 2004 for which a three-month period for response was given making this response due on or before January 1, 2005.

**Listing of the Claims** begins on page 2 of this paper.

**Remarks/Arguments** begin on page 4 of this paper.